



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2007 Rate Codes - Eval & Mgmt

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Applicable FARS/DFARS apply.

PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATI	\$35.75	\$22.18	10/1/2007
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$62.12	\$43.67	10/1/2007
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$91.83	\$66.97	10/1/2007
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$139.68	\$109.93	10/1/2007
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	\$175.29	\$144.02	10/1/2007
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLI	\$20.13	\$8.45	10/1/2007
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$36.88	\$22.56	10/1/2007
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$55.48	\$39.26	10/1/2007
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$84.15	\$61.94	10/1/2007
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	\$121.84	\$95.47	10/1/2007
99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED BY THE PH	\$65.99	\$65.99	10/1/2007
99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIEN	\$62.22	\$62.22	10/1/2007
99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$102.92	\$102.92	10/1/2007
99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$144.79	\$144.79	10/1/2007
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT W	\$84.95	\$84.95	10/1/2007



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99222	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$119.12	\$119.12	10/1/2007
99223	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$173.58	\$173.58	10/1/2007
99231	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$35.76	\$35.76	10/1/2007
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$59.56	\$59.56	10/1/2007
99233	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	\$85.04	\$85.04	10/1/2007
99234	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A P	\$125.21	\$125.21	10/1/2007
99235	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$164.80	\$164.80	10/1/2007
99236	OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A	\$205.52	\$205.52	10/1/2007
99238	HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$65.59	\$65.59	10/1/2007
99239	HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$94.67	\$94.67	10/1/2007
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE	\$48.29	\$32.10	10/1/2007
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$89.21	\$67.37	10/1/2007
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$122.38	\$93.37	10/1/2007
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$179.38	\$145.86	10/1/2007
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE	\$222.76	\$184.71	10/1/2007
99251	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$45.87	\$45.87	10/1/2007



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99252	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$73.55	\$73.55	10/1/2007
99253	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$108.88	\$108.88	10/1/2007
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$156.50	\$156.50	10/1/2007
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE TH	\$195.12	\$195.12	10/1/2007
99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH	\$19.53	\$19.53	10/1/2007
99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$37.24	\$37.24	10/1/2007
99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$60.56	\$60.56	10/1/2007
99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$103.41	\$103.41	10/1/2007
99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	\$154.77	\$154.77	10/1/2007
99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED	\$42.00	\$42.00	5/1/2004
99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJ	\$255.93	\$208.84	10/1/2007
99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	\$114.60	\$104.81	10/1/2007
99293	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAG	\$758.09	\$758.09	10/1/2007
99294	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND	\$374.66	\$374.66	10/1/2007
99295	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGE	\$869.08	\$869.08	10/1/2007



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99296	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND	\$374.00	\$374.00	10/1/2007
99298	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$133.28	\$133.28	10/1/2007
99299	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$123.23	\$123.23	10/1/2007
99300	SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE REC	\$118.67	\$118.67	10/1/2007
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$60.98	\$60.98	10/1/2007
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$81.02	\$81.02	10/1/2007
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A P	\$99.60	\$99.60	10/1/2007
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$31.82	\$31.82	10/1/2007
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$52.63	\$52.63	10/1/2007
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$73.77	\$73.77	10/1/2007
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	\$92.53	\$92.53	10/1/2007
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	\$57.08	\$57.08	10/1/2007
99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	\$74.99	\$74.99	10/1/2007
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSE	\$60.98	\$60.98	10/1/2007
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$54.50	\$54.50	10/1/2007
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$79.46	\$79.46	10/1/2007



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99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$114.51	\$114.51	10/1/2007
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$150.27	\$150.27	10/1/2007
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIEN	\$186.07	\$186.07	10/1/2007
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$42.19	\$42.19	10/1/2007
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$66.43	\$66.43	10/1/2007
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$101.82	\$101.82	10/1/2007
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISH	\$149.52	\$149.52	10/1/2007
99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$66.85	\$66.85	10/1/2007
99340	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOM	\$92.77	\$92.77	10/1/2007
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES TH	\$54.12	\$54.12	10/1/2007
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$79.46	\$79.46	10/1/2007
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$115.26	\$115.26	10/1/2007
99344	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$150.65	\$150.65	10/1/2007
99345	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	\$186.07	\$186.07	10/1/2007
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH RE	\$42.19	\$42.19	10/1/2007



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99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$66.43	\$66.43	10/1/2007
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$102.20	\$102.20	10/1/2007
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	\$150.65	\$150.65	10/1/2007
99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$91.40	\$86.88	10/1/2007
99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING	\$90.62	\$85.72	10/1/2007
99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	\$83.68	\$83.68	10/1/2007
99357	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT	\$84.08	\$84.08	10/1/2007
99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/ OR AFTER DIRECT (FACE-TO	\$94.38	\$94.38	10/1/2007
99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT	\$45.47	\$45.47	10/1/2007
99360	PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MIN	\$42.90	\$42.90	10/1/2007
99361	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSI	\$41.00	\$41.00	5/1/2004
99362	MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH	\$90.00	\$90.00	5/1/2004
99363	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$107.63	\$73.35	10/1/2007
99364	ANTICOAGULANT MANAGEMENT FOR AN OUTPATIENT TAKING WARFARIN, PHYSICIAN REVIEW AND	\$37.38	\$28.72	10/1/2007
99371	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL MANAGEME	BR	BR	1/1/1992



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PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99372	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL	BR	BR	1/1/1992
99373	TELEPHONE CALL BY A PHYSICIAN TO PATIENT OR FOR CONSULTATION OR MEDICAL	BR	BR	1/1/1992
99374	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT	\$64.35	\$53.80	10/1/2007
99375	PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT	\$112.61	\$109.22	10/1/2007
99377	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING	\$64.35	\$53.80	10/1/2007
99378	PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING	\$123.54	\$120.52	10/1/2007
99379	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT)	\$63.95	\$53.40	10/1/2007
99380	PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT)	\$96.39	\$83.96	10/1/2007
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVI	\$94.16	\$58.00	10/1/2007
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$101.46	\$66.05	10/1/2007
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$99.96	\$66.05	10/1/2007
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$108.41	\$74.51	10/1/2007
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$108.41	\$74.51	10/1/2007
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$126.77	\$91.36	10/1/2007
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	\$137.80	\$99.75	10/1/2007



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PROC	DESCRIPTION	NON FAC RATE 2007	FAC RATE 2007	EFF DATE
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN IND	\$73.28	\$49.55	10/1/2007
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	\$81.73	\$58.00	10/1/2007
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	\$80.98	\$58.00	10/1/2007
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	\$89.03	\$66.05	10/1/2007
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	\$89.79	\$66.05	10/1/2007
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	\$98.99	\$74.51	10/1/2007
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	\$109.65	\$83.28	10/1/2007
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$37.85	\$23.16	10/1/2007
99402	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$63.21	\$47.01	10/1/2007
99403	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$87.52	\$70.57	10/1/2007
99404	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$112.53	\$94.07	10/1/2007
99411	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROV	\$12.67	\$7.39	10/1/2007
99412	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	\$18.34	\$12.31	10/1/2007
99420	ADMINISTRATION AND INTERPRETATION OF HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEAL	\$8.69	\$8.69	4/1/2007
99429	UNLISTED PREVENTIVE MEDICINE SERVICE	BR	BR	1/1/1992



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99431	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INITIATION OF DIAGNOSTIC A	\$55.06	\$55.06	10/1/2007
99432	NORMAL NEWBORN CARE IN OTHER THAN HOSPITAL OR BIRTHING ROOM SETTING, INCLUDING	\$81.52	\$59.68	10/1/2007
99433	SUBSEQUENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A NORMAL	\$29.09	\$29.09	10/1/2007
99435	HISTORY AND EXAMINATION OF THE NORMAL NEWBORN INFANT, INCLUDING THE PREPARATION	\$74.61	\$74.61	10/1/2007
99436	ATTENDANCE AT DELIVERY (WHEN REQUESTED BY DELIVERING PHYSICIAN) AND INITIAL	\$70.09	\$70.09	10/1/2007
99440	NEWBORN RESUSCITATION: PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST	\$137.43	\$137.43	10/1/2007
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	BR	BR	1/1/1992
G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE (MINIMUM OF THREE EXCLUSIVE OF	BR	BR	1/1/2001
G0179	PHYSICIAN RE-CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A	\$51.20	\$51.20	10/1/2007
G0180	PHYSICIAN CERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME	\$67.11	\$67.11	10/1/2007
G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC	\$63.64	\$44.61	10/1/2007
G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH	\$37.61	\$22.85	10/1/2007
G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY	\$40.14	\$26.16	10/1/2007
G0250	PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR	\$9.46	\$9.46	10/1/2007
G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	\$68.65	\$68.65	10/1/2007